AMENDED IN SENATE AUGUST 4, 2008
AMENDED IN SENATE MAY 7, 2008
AMENDED IN ASSEMBLY JANUARY 24, 2008
AMENDED IN ASSEMBLY JANUARY 16, 2008
AMENDED IN ASSEMBLY JANUARY 7, 2008
AMENDED IN ASSEMBLY MAY 1, 2007
AMENDED IN ASSEMBLY APRIL 10, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 158

Introduced by Assembly Member Ma

January 18, 2007

An act to add Article 4.6 (commencing with Section 14146) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal. An act to amend Section 2191 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 158, as amended, Ma. Medi-Cal: benefits for nondisabled persons infected with chronic hepatitis B. Medicine: licensing: continuing education requirements.

Existing law requires the Medical Board of California to establish continuing education requirements for physicians and surgeons, and requires the board to consider including various courses in determining its continuing education requirements.

 $AB 158 \qquad \qquad -2 -$

This bill would, in addition, require the board to consider including a continuing education course in the diagnosis and treatment of hepatitis.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. Counties are responsible for making eligibility determinations under the Medi-Cal program. One of the methods by which services are provided under the Medi-Cal program is through enrollment of recipients in Medi-Cal managed care plans.

This bill would require the State Department of Health Care Services to expand eligibility for benefits under the existing Medi-Cal program to include nondisabled persons with chronic hepatitis B infection who would be eligible for Medi-Cal if disabled. This bill would provide that the expansion would be implemented on the date all applicable federal waivers are granted, as specified. The bill would provide that enrollment in Medi-Cal pursuant to the bill would be limited pursuant to an allocation system to be developed by the department. The bill would require the department to meet federal revenue neutrality requirements through the savings generated by voluntary enrollment into Medi-Cal managed care of persons who are disabled as a result of hepatitis B, and who are either receiving Medi-Cal benefits on a fee-for-service basis as of January 1, 2009, or who become eligible to receive Medi-Cal benefits on or after that date. The bill would condition its implementation upon the receipt of federal financial participation and would prohibit the department from enrolling persons in the program established by this bill until the department can ensure sufficient savings equal to or greater than the cost of providing benefits to these persons.

By increasing counties' responsibilities for Medi-Cal eligibility determinations, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes-no.

-3— AB 158

The people of the State of California do enact as follows:

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SECTION 1. Section 2191 of the Business and Professions Code is amended to read:

- 2191. (a) In determining its continuing education requirements, the Division of Licensing board shall consider including a course in human sexuality as defined in Section 2090 and nutrition to be taken by those licensees whose practices may require knowledge in those areas.
- (b) The division board shall consider including a course in child abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.
- (c) The division board shall consider including a course in acupuncture to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.
- (d) The division board shall encourage every physician and surgeon to take nutrition as part of his or her continuing education, particularly a physician and surgeon involved in primary care.
- (e) The division board shall consider including a course in elder abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.
- (f) In determining its continuing education requirements, the division board shall consider including a course in the early detection and treatment of substance abusing pregnant women to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.
- (g) In determining its continuing education requirements, the division board shall consider including a course in the special care needs of drug addicted infants to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.
- (h) In determining its continuing education requirements, the division board shall consider including a course providing training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. In the event the division If the board establishes a

AB 158 —4—

1 requirement for continuing education coursework in spousal or 2 partner abuse detection or treatment, that requirement shall be met 3 by each licensee within no more than four years from the date the 4 requirement is imposed.

- (i) In determining its continuing education requirements, the division board shall consider including a course in the special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:
 - (1) Pain and symptom management.
 - (2) The psycho-social dynamics of death.
 - (3) Dying and bereavement.
 - (4) Hospice care.
- (j) In determining its—continuation continuing education requirements, the division board shall give its highest priority to considering a course on pain management.
- (k) In determining its continuing education requirements, the board shall consider including a course in the diagnosis and treatment of hepatitis to be taken by those licensees whose practices may require such knowledge.

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All matter omitted in this version of the bill appears in the bill as amended in Senate, May 7, 2008. (JR11)